

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|---|---|--|---|--|---|--|-------------|---|------------------------|-----------|--|
| 1. Name and Address of Committee KATHLEEN B. BLANCO 702 MYRTLE PLACE LAFAYETTE, LA 70506 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/13/2003</div> 3. Estimated Membership <div style="text-align: center;">5</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | Report Number: 3799 Date Filed: 1/13/2003 | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 20%;"><u>b. Position</u></th> <th style="text-align: left; width: 50%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>CLIFFE E LABORDE III</td> <td>Chairperson</td> <td>1001 WEST PINHOOK SUITE 200 LAFAYETTE, LA 70503</td> </tr> <tr> <td>CHRISTOPHER C ARSEMENT</td> <td>Treasurer</td> <td>701 ROBLEY DRIVE SUITE 200 LAFAYETTE, LA 70503</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | CLIFFE E LABORDE III | Chairperson | 1001 WEST PINHOOK SUITE 200 LAFAYETTE, LA 70503 | CHRISTOPHER C ARSEMENT | Treasurer | 701 ROBLEY DRIVE SUITE 200 LAFAYETTE, LA 70503 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| CLIFFE E LABORDE III | Chairperson | 1001 WEST PINHOOK SUITE 200 LAFAYETTE, LA 70503 | | | | | | | | | |
| CHRISTOPHER C ARSEMENT | Treasurer | 701 ROBLEY DRIVE SUITE 200 LAFAYETTE, LA 70503 | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 30%;"><u>b. Address</u></th> <th style="text-align: left; width: 40%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| | | | | | | | | | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 70%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px; text-align: center;">On attached sheet</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | On attached sheet | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate KATHLEEN B. BLANCO | c. Office Sought by the Candidate Lieutenant Governor | | | | | | | | | | |
| 9. a. Name of Person Preparing Report b. Daytime Telephone | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>13th</u> day of <u>January</u> , <u>2003</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center; vertical-align: bottom;"> _____ Signature of Committee/Chairperson </td> <td style="width: 40%; text-align: center; vertical-align: bottom;"> <u>337-237-7000</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center; vertical-align: bottom;"> _____ Signature of Committee Treasurer, if any </td> <td style="text-align: center; vertical-align: bottom;"> <u>337-984-7010</u> Daytime Telephone </td> </tr> </table> | | | _____ Signature of Committee/Chairperson | <u>337-237-7000</u> Daytime Telephone | _____ Signature of Committee Treasurer, if any | <u>337-984-7010</u> Daytime Telephone | | | | | |
| _____ Signature of Committee/Chairperson | <u>337-237-7000</u> Daytime Telephone | | | | | | | | | | |
| _____ Signature of Committee Treasurer, if any | <u>337-984-7010</u> Daytime Telephone | | | | | | | | | | |

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

IBERIA BANK

b. Address

P.O. BOX 12440
NEW IBERIA, LA 70562